

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/06/2008

Dr. Nabil N. Ghaly
14 Longwood Drive
South Huntington, NY 11746
01/07/2009 WASFAW2 0000005 10663616

01 FC:2501 755.00 DP
02 FC:1504 300.00 DP



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(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,616	09/17/2003	Nabil N. Ghaly		3523

TITLE OF INVENTION: INTERACTIVE PALY DEVICE AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/06/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
RADA, ALEX P	3714	446-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 5, 2009

Typed or printed name _____

Registration No. _____

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**BY FAX TO (571) 273-2885 & BY MAIL**

DR. NABIL N. GHALY
14 Longwood Drive
S. Huntington, NY 11746
(631) 549-0980

January 6, 2009

Mail Stop ISSUE FEE
Commissioner of Patents & Trademarks
P.O. Box 1450
Alexandria, Virginia 22313-1450

Ref.: Application No. 10/663,616 - Filing Date: 09/17/2003
Response to Notice of Allowance. Mailed on October 6, 2008

Dear Sir:

I am the applicant and the independent inventor named in the subject patent application. Attached, please find a completed PART B – FEE(S) TRANSMITTAL, together with a credit card payment form in the amount of \$1055.00.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Dr. Nabil N. Ghaly

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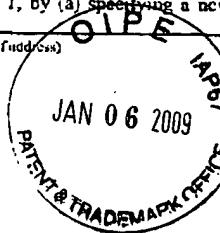
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